

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#4823	Amended on August 24, 2012. Fine amt. reduced by 35% to \$4550.00 pursuant to Ia. Code 135C.43(A).	Date: June 28, 2012		
Golden Age Skilled Nursing & Rehab		Survey Dates: May 14-17, 21-23, June 6, 2012		
1915 South 18th Street	Surveyors: Christina McCuen RN, Heather Sipes RN, Becky Kraft RN			
Centerville, Iowa 52544	DS			
		Class	Fine Amount	Correction date
58.19(2)j	<p>481—58.19 (135C) Required nursing services for residents. The program plan for nursing facilities shall have the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules:</p> <p>58.19(2) Medication and treatment.</p> <p><i>j.</i> Provision of accurate assessment and timely intervention for all residents who have an onset of adverse symptoms which represent a change in mental, emotional, or physical condition. (I, II, III)</p> <p>DESCRIPTION:</p> <p>Based on observations, record review, and staff interviews, the facility failed to provide adequate assessments and interventions for a resident with leg contractures and the inability to fully move legs for bowel incontinent skin cleansing (Resident #1) and failed to assess and provide interventions for bowel management (Resident # 8) and pain management (Resident # 3, #16). The facility reported a census of 59 residents.</p> <p>Resident #1 depended upon staff for activities of daily living due to contracture impairments of both legs (hips, knees, ankles and feet). An incident report and nurse's notes revealed on 4/29/2012, staff attempted to cleanse the resident after an incontinent bowel episode. The staff heard a pop by the resident's left knee and then saw the deformity of the foot bent upwards and towards the resident's face. The resident was sent immediately to the hospital and provided narcotic analgesics, cat scan (revealed the thigh fractured in 3 pieces) and transferred to a Des Moines Hospital for surgery to repair the fractures.</p> <p>Findings include:</p>	I	\$5,000.00	Upon Receipt

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	<p>1. Resident #1 had a quarterly MDS (Minimum Data Set) assessment with a reference date of 03/09/12 which identified diagnoses of cerebral palsy and a seizure disorder. The MDS identified the resident required total dependence of two staff for toileting, bed mobility, and transfers. The MDS identified the resident with impairment of functional limitation in range of motion for both sides of the lower extremities (hip, knee, ankle, foot).</p> <p>The Nurse's notes dated 04/29/12 at 5:08 p.m. revealed the nurse was called to the resident's room. The nurse observed the resident lying on left side with left leg bent at the knee facing upwards, foot next to the resident's face. The resident's vital signs were obtained, physician notified and the resident transferred to the emergency room.</p> <p>The incident report dated 04/29/12 at 5:10 p.m. revealed a brief summary which revealed two Certified Nursing Assistants changed resident's brief and provided perineal care while the resident lay in bed. The CNA's heard a pop by the resident's left knee and then noted the resident's foot deformed and bent upward to his/her face.</p> <p>The local hospital emergency room report dated 04/29/12 documented the resident was brought in by EMS (Emergency Medical Services) and noted grossly dislocated left leg. The leg flexed upwards. Staff states they were rolling patient over to change attends (brief) and they heard a pop and the resident's leg became dislocated. Staff denied injury, face, or trauma. Patient has co-morbidities of cerebral palsy and unable to communicate. The document revealed the resident received Morphine (narcotic analgesic/pain medication) 4 milligrams at 6:05 p.m., 6:35 p.m. and 6:45 p.m. The record further documented additional pain medication of</p>			

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	<p>Fentanyl 50 micrograms (narcotic analgesic) administered at 6:50 p.m. and 7:13 p.m.</p> <p>A radiology report dated 04/29/12 revealed a computed tomography (CT exam) with findings of a complex comminuted fracture of the left femur (thigh). There is angulation at the fracture site. Chronic degenerative changes of the hip joint with chronic subluxation. SI joints and right hip are unremarkable. Changes of osteopenia.</p> <p>Resident #1 was transferred to another hospital for surgery in Des Moines Iowa and arrived at 8:50 p.m. on 4/29/2012. An orthopedist examined the resident and ordered 5 pounds of traction until an open reduction internal fixation surgery could be performed. The Emergency Room staff obtained photographs of the resident's leg.</p> <p>The Operative Report indicated the resident had surgery on 5/1/2012 for repair of the fractures. The report indicated the femur had 3 comminuted (fracture in pieces) fractures in 3 parts. The procedure consisted of an intramedullary nail fixation of the left subtrochanteric femur fracture with an open reduction technique.</p> <p>The hospital Patient Discharge & Transfer Form indicated the date of discharge to be 5/4/2012. The orthopedic physician had ordered physical therapy, weight bearing status from bed to chair. Change the dressing daily until dry and put Betadine on the incision. Provide Fragmin (anticoagulant) 5,000 IU (international units) subcutaneously for 30 days after admission. The order directed the resident to return in 2 weeks for a follow up appointment. The resident's physician admission orders directed the staff to use a Hoyer lift for transferring the resident.</p>			

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	<p>The physical therapy notification identified a discharge date of 5/8/2012. The therapist ordered passive range of motion to both upper extremities for 10 repetitions and passive range of motion to knees, ankles and toes for 10 repetitions. The therapist instructed staff to keep the arm support in the geriatric chair for the left side and keep an abduction wedge between thighs while monitoring for wincing for the pain level.</p> <p>Observation on 05/16/2012 at 8:04 a.m. revealed Resident #1 in bed and the bilateral lower leg extremities contracted in a scissor like position; left leg over the right crossed at knees. The resident had an incision along the left femur.</p> <p>During an interview on 05/22/12 at 1:10 p.m. Staff W provided a written statement: the resident was laying on his/her back and had a very large bowel movement. I was holding his/her left leg up so that Staff X could clean well between his/her legs. He/she was resisting and then I heard a pop and his/her left leg just fell to the head of the bed. I hurried and ran out and got charge nurse. During the interview, Staff W reported no education or special way to provide incontinence care for a resident with severely contracted lower extremities.</p> <p>On 05/22/12 at 2:00 p.m. Staff X was interviewed and provided a written statement: Staff W and I went to prepare for care and the resident had BM (bowel movement) up to his/her belly button. During cares I heard a snap/crack and Staff W looked and his/her foot was touching the forehead. I then told Staff W to go get the nurse. Staff X commented she had no education or special way to provide incontinence care for the resident.</p> <p>The care plan at the time of the incident did not identify the resident with limited physical mobility due to leg contractors (crossed) and how staff should provide</p>			

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	<p>activities of daily living (ADL) cares. The interviews and record review revealed the facility had not provided additional training to staff regarding how to care for the resident with lower leg contractures post injury.</p> <p>2. Resident #3 had a Minimum Data Set assessment with a reference date of 04/05/2012 which identified Resident #3 with diagnoses of Alzheimer's disease and osteoporosis. The medical record revealed the resident had a history of a compression fracture of the lumbar one vertebra. The assessment indicated the resident received a scheduled pain medication regimen and a PRN (as necessary) pain medication. A pain evaluation dated 7/6/2011 identified the resident had a diagnosis of a compression fracture of the lumbar #1 vertebrae and the resident verbalized pain. The conclusion dated 10/20/11 indicated the resident received Fentanyl patch 12 mcg/hr and changed every 72 hours. On 1/10/2012 the evaluation revealed no change. On 4/12/2012 the pain assessment identified the resident as restless and moans. Fentanyl and PRN Tylenol to be continued.</p> <p>A monthly summary dated 5/21/2012 identified the resident had frequent pain. The summary did not identify indicators of pain (non-verbal sounds, vocal implants, facial expressions, protective body movements or postures).</p> <p>The care plan dated 04/18/2012 identified the resident had a difficult problem with making self understood, often restless, fidgety and words noted as garbled and hard to understand. An approach directed staff to observe for non-verbal signs of distress (guarding, moaning, restlessness and grimacing). Turn/reposition, communicate, provide pericare, assess for pain and provide liquids/food as needed.</p> <p>Observation on 05/14/12 at 5:13 p.m. revealed the resident in the front lounge sitting in a geriatric chair with</p>			

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	<p>sad facial expressions, frown brow, with grimacing noted, and crying. Registered Nurse attends to resident's side, holding hand. The nurse reported the resident gets "this way" at this time of day.</p> <p>Observation on 05/15/12 at 8:38 a.m. revealed the resident in his/her bed with sad facial expression.</p> <p>Observation on 05/15/12 at 3:10 p.m. noted the resident in the front lounge crying with frowned brow. A staff member provided the resident with a drink of water.</p> <p>Observation on 05/16/12 at 11:07 a.m. revealed two CNA's ambulating the resident with a gait belt from the bathroom to his/her geriatric chair in the front lounge.</p> <p>Observation revealed the resident with frowned brow, sad facial expression and making repetitive sounds.</p> <p>A nurse sent a facsimile on 4/11/2011 which identified the Fentanyl 12 mcg (micrograms) had been changed the previous night and had fallen off. The patch could not be found. The nurse requested an order to replace the patch. On 4/11/2012, the physician gave approval.</p> <p>The Physician Progress Notes dated 5/9/2012 indicated the physician discontinued the Fentanyl patch and ordered Acetaminophen (Tylenol) liquid 500 milligrams twice a day. The record revealed no documentation of a pain assessment or reason for the discontinuation of the narcotic analgesic. The May Medication Administration Record (MAR) revealed the last day for the application of the Fentanyl patch on the resident to be 5/6/2012.</p> <p>On 05/22/12 at 9:40 a.m. Staff GG, Licensed Practical Nurse, reported she thought the Fentanyl patch was discontinued due to it falling off the resident. Staff GG stated the resident is given the Tylenol and Ativan but the resident spits it out. Staff GG stated she had not noticed any changes in the resident but thinks the</p>			

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	<p>Fentanyl Patch would give the resident more relief. (especially when the resident spit out the medication)</p> <p>3. Resident #16 had an MDS assessment with a reference date of 2/16/12. The assessment documented the resident had diagnoses including heart failure, diabetes mellitus, stroke, anxiety, kidney disease, dementia, and hypothyroid. The MDS documented the resident received scheduled pain medication. The MDS documented the resident as totally dependent on staff for cares and did not walk. The MDS documented the resident had long and short term memory loss as well as severely impaired decision making abilities.</p> <p>The care plan dated 2/29/12 documented the resident has behaviors of yelling out and delusions. The care plan documented the resident utilized Tylenol for pain control and had an order for Tylenol with Codeine for severe pain. The care plan failed to direct staff to assess the resident for pain.</p> <p>During observation on 5/15/12 in the afternoon, the resident yelled and had delusions of people trying to kill her/him.</p> <p>Observation on 5/21/12 at 3:35 p.m. revealed the resident in bed yelling for help.</p> <p>The May 2012 Medication Administration Record (MAR) documented the resident could receive pain medication Tylenol with codeine four times as needed and Haldol (antipsychotic medication) every four hours as needed.</p> <p>Review of the MAR 2012 documented staff failed to administer pain medication on 5/15/2012.</p> <p>Review of the MAR for April 2012 the resident received as needed pain medication three times and did not</p>			

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	<p>receive any as needed antipsychotic medication.</p> <p>Review of the MAR for March 2012 the resident received as needed pain medication three times and did not receive any as needed antipsychotic medication.</p> <p>Review of the MAR for February 2012 the resident received as needed pain medication once during the month.</p> <p>Review of the MAR for January 2012 the resident received as needed pain medication 5 times and did not receive any as needed antipsychotic medication.</p> <p>4. A quarterly MDS assessment with a reference date of 3/29/12 identified Resident #8 with diagnoses of Alzheimer's Disease and depression. The assessment reflected toileting did not occur during the assessment period; however, the resident was identified as always incontinent of bowel and bladder function. The assessment indicated the resident did not have a toileting program.</p> <p>The Resident Care Plan dated 4/11/2012 identified a problem with the resident unable to perform any activities of daily living skills. The approaches directed staff to check and change at least every 2 hours for incontinence and not to let the resident go more than 2 days without a bowel movement.</p> <p>A physician order sheet dated 4/1/12 to 6/30/12 (not yet signed by the physician), gave the following orders Docusate Sodium (stool softener) 100 mg (milligrams) 1 capsule daily, Miralax Powder (laxative) 17 gm (grams) in 8 ounces of water or juice daily after supper, Bisac-Evac 10 mg Suppository rectally once daily as needed for constipation , Bisacodyl 5 mg tablet 1 daily at breakfast as needed for constipation, and Milk of</p>			

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	<p>Magnesia (laxative) 30 ml (milliliters).</p> <p>The February Bowel Movement record revealed Resident #8 did not have a bowel movement 2/5/2012, 2/6/2012 and 2/7/2012. The resident had a large bowel movement on 2/8/2012. The resident went from 2/12/12 to 2/15/12 without a recorded BM, from 2/18/12 to 2/22/12 with an XS (extra small) BM recorded due to receiving a Dulcolax suppository on 2/22/12 to aide in bowel evacuation. This is the only date according to the MAR that the resident received any additional as needed laxatives to aide in bowel evacuation for the entire month of February.</p> <p>The March Bowel Movement record revealed Resident #8 had a large BM on 3/2/12 and didn't have a recorded BM until 3/9/12. According to the MAR the resident received A Dulcolax suppository rectally on 3/6/12 without any recorded results. The bowel record documented the resident with a BM on 3/23/12 and a large BM recorded on 3/27/12. Again the resident went from 3/27/12 to 3/31/12 when staff documented a small BM. The March MAR revealed the resident received no additional as needed laxatives during these spans to promote successful bowel evacuation.</p> <p>The April Bowel Movement record revealed the resident went from 4/1/12 to 4/5/12 without a recorded BM. On 4/5/2012 the resident had a large bowel movement. from 4/6/12 to 4/13/12 without a recorded BM, from 4/11/12 to 4/13/12, and 4/27/12 to 4/29/12 without recorded BM's. The April MAR revealed no as needed laxatives administered for the month to assist the resident in adequate bowel evacuation and to follow the care plan to let no more than 2 days go by without the resident evacuating the bowels.</p> <p>FACILITY RESPONSE:</p>			

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58.19(2)b	<p>481—58.19 (135C) Required nursing services for residents. The program plan for nursing facilities shall have the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(2) Medication and treatment. <i>b. Wound care; (I, II)</i></p> <p>DESCRIPTION:</p> <p>Based on record review, observation and review of the Quick Reference Guide for Clinicians, the facility failed to ensure one resident received appropriate interventions for repositioning off pressure ulcers and provide complete and accurate assessments of ulcers for 1 of 15 sample residents (Resident #2). Interventions were ineffective to prevent the occurrence of an avoidable additional pressure ulcer or were not implemented as directed on the care plan. The facility reported a census of 59 residents.</p> <p>Upon admission on 5/3/2012, Resident #2, facility staff identified 2 pressure sore areas located on the resident's left and right outer ankle, fifth right digit and anterior area of the right foot. On 5/4/2012 the facility staff identified a black area located on the resident's left heel. On 5/6/2012, the staff sent a facsimile to the physician for orders for an air mattress and heel protectors. The initial care plan dated 5/3/2012 and current care plan directed staff to use heel protectors to relieve pressure on the heels. The initial admission care plan approach directed staff to have an air mattress located on the bed. A facsimile to the physician on 5/14/2012 indicated the facility had identified another pressure ulcer located on the right heel which measured 2 centimeters (cm) by 2 cm and brown. The facsimile informed the physician the</p>	I	\$2,000.00	Upon Receipt

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	<p>facility did not have a treatment order for the heels. On 5/14/2012 at 6:00 p.m., the physician ordered an "okay" for heel protectors and to keep the heels off of the bed. The wound assessment records determined on 5/14/2012, the left heel pressure ulcers had enlarged and an additional pressure ulcer had become present on the right heel. Observation revealed the heel protective boots not always on the resident's feet when the resident lay in bed on 5/15/12, 5/16/12, 5/17/12.</p> <p>Findings include:</p> <p>1. Information from the Quick Reference Guide for Clinicians regarding pressure ulcer treatment includes the following:</p> <ul style="list-style-type: none"> • <u>Stage I</u>: Nonblanchable erythema of intact skin. • <u>Stage II</u>: partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater. • <u>Stage III</u>: full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia. • <u>Stage IV</u>: Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting structures. • <u>Reassess</u> pressure ulcers at least weekly. <p>1. The Minimum Data Set (MDS) Assessment Tool with a reference date of 05/10/2012 identified Resident #2 with diagnoses of coronary artery disease, hypertension, end stage renal disease and chronic obstructive pulmonary disease. The MDS reflected the resident required 1 staff person with limited assistance for bed mobility, transfers and ambulation. The MDS identified the resident at risk for developing pressure sores and identified the resident with two unstageable pressure</p>			

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	<p>ulcers due to coverage of wound bed by slough and/or eschar. The largest unhealed wound at the time of the assessment documented the wound measured 1.5 centimeters in length and 1.0 centimeters in width with necrotic tissue (eschar - a black, brown, or tan that adheres firmly to the wound bed or ulcer edges). The MDS reflected the resident received pressure ulcer care, pressure reducing device for the bed. The MDS reflected the resident did not have a turning/repositioning program or pressure reducing devices for the feet</p> <p>The Braden Scale for Predicting Pressure Sore Risk dated 05/03/12 revealed a score of 18 with a score of 12 or less indicated a high risk for skin breakdown.</p> <p>The initial care plan dated 05/03/12 identified a concern for pressure sores/skin care with a goal to prevent/heal pressure sores and skin breakdown. Interventions listed: to follow the facility skin care protocol, preventative measures with use of heel protectors/air mattress, and report to charge nurse any redness or skin breakdown immediately.</p> <p>A skin condition report dated 05/03/12 revealed the following skin issues:</p> <ul style="list-style-type: none"> a. The left outer ankle noted a brown scab that measured 0.4 centimeters by 0.4 centimeters (cm). b. The right outer ankle noted a 3 cm callous area with a 0.3 cm brown center. c. The top of the right foot noted a 1.0 cm by 0.4 cm reddish open area. d. The right outer 5th toe of the right foot noted a 0.3 cm by 0.3 cm black scab. <p>A skin condition report dated 05/04/12 documented a left heel black scab like area that measured 1.5 centimeters in length.</p> <p>A facsimile (fax) dated 05/04/12 requested treatments for</p>			

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	<p>the skin concerns.</p> <p>A wound assessment dated 05/06/12 revealed the following measurements:</p> <p>a. The left heel revealed a dark scab that measured 1.0 cm by 1.0 cm.</p> <p>b. The left outer heel revealed a 0.3 cm by 0.5 cm scab and 1.0 cm by 3.0 cm callous.</p> <p>The assessment revealed a fax sent for treatment with an air mattress and heel protectors.</p> <p>A wound assessment dated 05/14/12 revealed the following measurements:</p> <p>a. The left heel revealed a scab that measured 1.5 cm by 1.0 cm (increased in size).</p> <p>b. The left outer heel revealed a 0.5 cm scab and 1.0 cm by 3.0 cm callous.</p> <p>c. The right heel revealed a wound that measured 2.0 cm by 2.0 cm with a wound bed as brown in color and intact (new area).</p> <p>The Treatment record for May 2012 revealed a treatment to monitor the following areas:</p> <p>a. Monitor left heel.</p> <p>b. Monitor left outer heel.</p> <p>c. Monitor left outer ankle.</p> <p>d. Monitor top of right foot, right outer pinky, and fourth toe (right) for ten days then weekly till healed.</p> <p>e. Float heels/heel protectors as resident allows.</p> <p>The Treatment record dated 05/14/12 revealed a treatment to the left and right heel of skin prep twice daily.</p> <p>Observations on the following dates and times revealed no use of the heel protective boots while the resident laid in bed.</p> <p>a. On 05/15/12 at 7:30 a.m.</p> <p>b. On 05/16/12 at 4:35 a.m.</p>			

Facility Administrator _____

Date _____

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or withdraw your request for formal hearing, and (2) pay the penalty, the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (Supp. 2009).

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

FC#4823	Amended on August 24, 2012. Fine amt. reduced by 35% to \$4550.00 pursuant to Ia. Code 135C.43(A).	Date: June 28, 2012		
Golden Age Skilled Nursing & Rehab		Survey Dates: May 14-17, 21-23, June 6, 2012		
1915 South 18th Street	Surveyors: Christina McCuen RN, Heather Sipes RN, Becky Kraft RN			
Centerville, Iowa 52544	DS			
		Class	Fine Amount	Correction date
	<p>c. On 05/17/12 at 7:33 a.m. Observation on 05/17/12 at 10:30 a.m. revealed Staff Y, Registered Nurse, provided skin prep treatment to the resident's right and left heels. Observation revealed black wounds to the resident's right and left heel, 5th toe, and fourth digit. Staff Y completed the treatment and placed the resident's shoes on his/her feet.</p> <p>Record review lacked documentation of the refusals for wound treatments or education provided of the importance of care.</p> <p>FACILITY RESPONSE:</p>			

Facility Administrator

Date

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